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A Report on Problems and Needs of the Aging in Berkeley, California

City of Berkeley
Human Relations and Welfare Commission
September, 1964

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CITY OF BERKELEY
CALIFORNIA

JOHN D. PHILLIPS, CITY MANAGER

HUMAN RELATIONS AND WELFARE COMMISSION

September 30, 1964

Honorable Mayor and Members
of the City Council
City Hall
Berkeley 4, California

Gentlemen:

In August, 1960, a "Report of the Mayor's Committee on Aging" was submitted to the City Council which outlined some problems and needs of Berkeley's aging population. Little progress has been made in strengthening and developing local services since the 1960 report. Housing, health care, income maintenance, and leisure time activities continue to mount as important problems of local residents.

The purpose of the report transmitted herewith is to update the 1960 report and to some extent analyze the changes that have occurred during the past four years. The Human Relations and Welfare Commission welcomes the opportunity for a study session with City Council to explore the implications of this report in detail.

The problems of aging are everyone's concern. Local, state, federal and voluntary agencies have a share in the responsibility for planning and financing services. We hope that this report will again emphasize the urgency of these problems and will help refocus local attention on the growing needs of our older residents.

Sincerely yours,

Delmar G. Williams
President

Enclosure

"A Report on Problems and Needs of the Aging in Berkeley, California."

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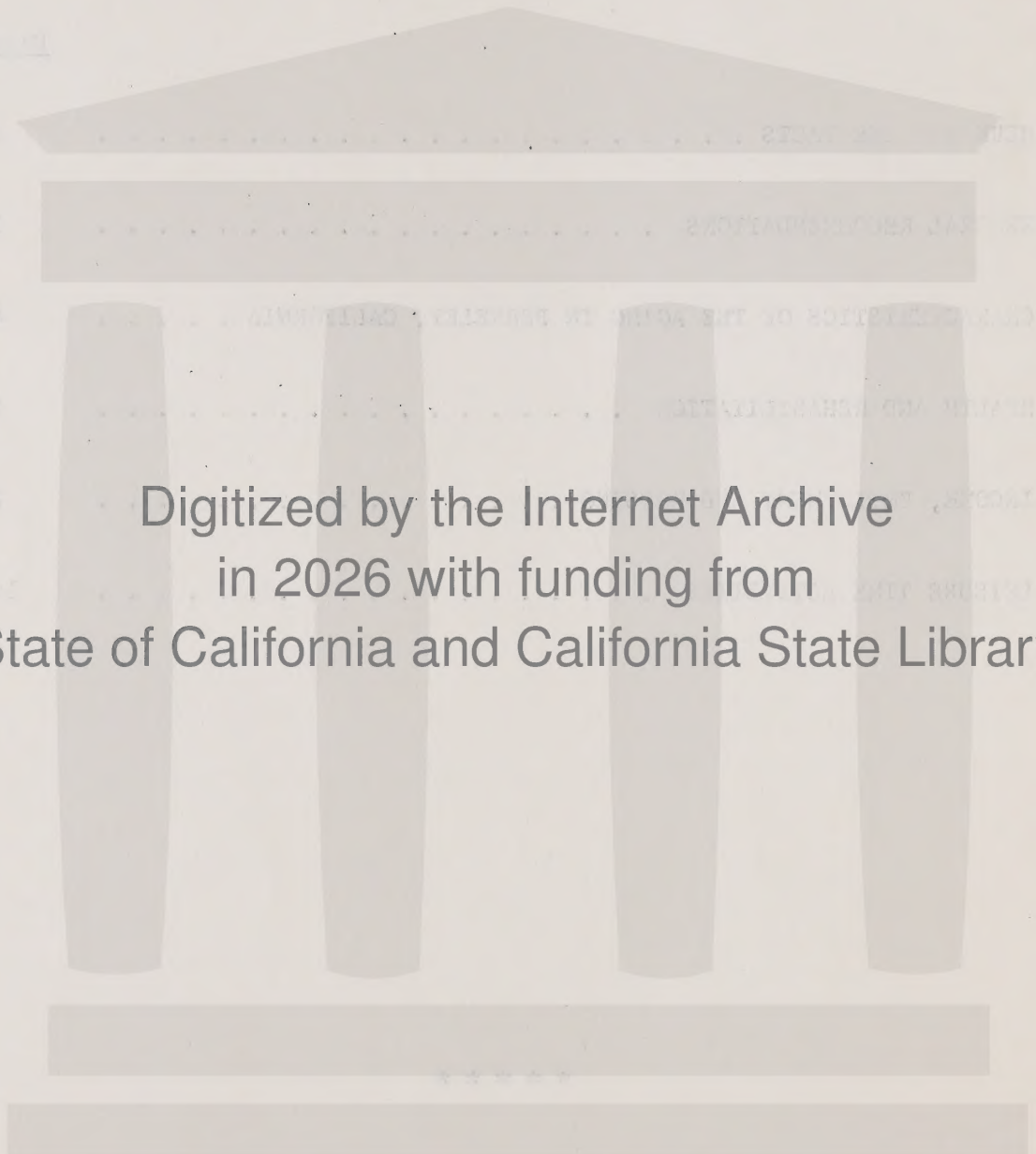

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A REPORT ON PROBLEMS AND NEEDS OF THE AGING IN BERKELEY, CALIFORNIA

Human Relations and Welfare Commission

September, 1964

HERE ARE THE FACTS

POPULATION CHANGE

..There are 14,000 persons in Berkeley who are 65 years of age and over. This number is expected to approach 18,000 or about 15% of Berkeley's population by 1970.

..Despite a loss of 2.3% of Berkeley's total population between 1950 and 1960, the aging population (65 and over) increased by 24%.

HOUSING

..The diminishing supply of low-rental housing intensifies the problem of finding suitable housing for our low-income elderly. For them, especially adequate housing equals better health and less dependency.

HEALTH CARE

..Many elderly suffer from some kind of chronic illness.

..Medical care costs have increased by 50% against the relatively low, fixed annual incomes of older persons.

..The elderly are hospitalized three times as often as younger adults and for longer periods. (United States Department of Health, Education and Welfare, Senate Special Committee on Aging, etc.).

..Hospital insurance policies written for those over 65 are more costly and limited in benefits than are other policies. They are priced beyond the means of low and moderate incomes.

..There is no coordinated home care service in the community. For older persons health services in the home are extremely limited.

..More needs to be known about costs, quality of care and availability of beds in nursing homes.

INCOME AND EMPLOYMENT

..The average older citizen living alone in a metropolitan area has an income of only $1,055 per year. The average couple has an annual income of about $3,000 per year.

..In May, 1963, 70 women and 74 men aged 65-and-over registered at Berkeley's State Employment Office--only one man was placed.

..In May, 1964, approximately 1,500 Berkeley residents received financial assistance from the Old Age Assistance Program.

RECREATION

..Senior Citizen Recreation Clubs involve approximately 1% of the total number of Berkeley Seniors. There has been no progress toward the development of a multi-purpose drop-in center in Berkeley. No existing agency service meets the leisure time and recreational needs of thousands of local older residents.

INFORMATION AND REFERRAL SERVICE

..The one comprehensive information and referral service in all of Alameda County was discontinued last year by the Council of Social Planning, Alameda County, because of lack of funds.

GENERAL RECOMMENDATIONS

1. Recommended: That a permanent Committee on Aging be appointed to study the problems and needs of Berkeley's aging population and to work toward the strengthening of existing services and the development of new services. Names of potential committee members, selected because of their professional and lay knowledge, interest and concern, will be furnished upon the request of the City Council.

2. Recommended: That a full time staff person, trained and experienced in work with the aging, be hired to coordinate the work of the Committee on Aging and to act as a consultant to the City Council and municipal departments on all matters related to the field of aging.

CHARACTERISTICS OF THE AGING IN BERKELEY, CALIFORNIA

Between 1950 and 1960 Berkeley's total population decreased by 2.3%; the aging population--65 years of age and over--increased by 24% (Table I). Today the number of aging persons in Berkeley represents nearly 14% of the total population. This is the largest proportion of aging persons of any city in Alameda County and among the largest in the state.

Table I

Population Distribution by Age Group 65 and Over
Berkeley, California, 1950-1960

Age Group	1950	1960	% Change
Total Population	113,805	111,268	- 2.3
65 Years and Over	10,855	13,464	+ 24.0

Source: Bureau of the Census Report, 1960

..Berkeley's population 65 years and over represents people who are long-time residents--not persons who have in-migrated for retirement purposes.

..Increased longevity has produced this dramatic increase in the aged population. The average life expectancy at birth has risen from 49.2 years in 1900 to an estimated 70.2 years in 1961. Life expectancy (1961) is greater for women than for men (73.6 and 67.0 years), and greater for whites than for non-whites (71.0 and 64.4 years). In Berkeley the sex ratio is 67 women--33 men per 100 persons aged 65 years and over.

..Nearly 60% of Berkeley's aging population lives within a one square mile area adjacent to the downtown business district. (Location of older persons is important with respect to planning of leisure time and recreation, information and referral services, etc.).

..Projections of the population indicate that both the number and proportion of older persons in Berkeley will continue to increase. If the aging population increases at the same rate that it did between 1950 and 1960, we will have nearly 18,000 persons aged 65 and over in Berkeley by 1970 or about 15% of the total population. It is estimated that approximately 3,600 of these persons will be Negro, Oriental and Spanish-Americans.

This factual information is presented to indicate the scope and potential of the problems of aging in Berkeley with respect to numbers of persons, location, characteristics, etc. The remainder of the report deals with individual problems to grow in intensity as the population itself increases.

A great deal of information needs to be gathered and studied so that existing local services to our aging population can be improved, and services that do exist can be planned for and provided.

HEALTH AND REHABILITATION

Dramatic advances in medical science in recent years have markedly extended life and reduced communicable disease, but in so doing have increased exposure to the degenerative diseases of old age. Much more needs to be learned about these diseases, but large numbers of older people do not get the benefits of what is already known. There are many reasons: inadequate income, poor insurance coverage, lack of knowledge, poor motivation, and community apathy.

Progress since the 1960 Mayor's Report to provide for the health needs of older people of our community has been minimal. This fact is especially discouraging in view of the ever increasing fund of knowledge of the health and social needs of older people.

What are the roadblocks to good health care? Obviously, low income is important. Criteria used for determining eligibility for public medical care are restrictive and part-pay services are limited. Hence, elderly people who do not qualify for public assistance will find the search for medical care which they can afford, discouraging, frustrating, or hopeless. Newcomers (less than three years in California, one year in Alameda County) are not eligible for any public care, except emergency service.

Hospital Insurance

The elderly are hospitalized three times as often as younger adults; it takes them longer to recover.

Hospital insurance policies written for those over 65 are costly and limited in benefits and are beyond the neans of persons with low and moderate incomes. (Even Blue Cross, considered the most desirable policy offered the elderly, costs $15,80 per month for up to 70 days hospitalization and pays only up to $18 per day for room and board. Most hospitals in the Bay Area charge close to $40 per day. Kaiser Foundation Health Plan will not accept those over 60 years of age.

Pre-existing conditions are generally not covered under health plans. This is a severe handicap because of the high incidence of chronic illness in the older age group.

Preventive Services Needed

Preventive medical services, which are both simple and relatively inexpensive, are not readily available for older persons with limited income.

For example, blood sugar tests, "Pap smears" for early detection of cervical cancer, tonometry for early detection of glaucoma, multi-phasic screening--all simple diagnostic tests--are not being utilized. Also, there are barriers, because of income, to obtaining devices such as prescription glasses, hearing aids, and dentures.

Low income is not the sole barrier to good health care, however. Health education and information of health resources for the aging population are, at best, limited and at worst, totally unavailable.

The Berkeley City Health Department provides limited nutrition education programs to senior citizen groups. There is evidence that eating practices of some older people do not meet nutritional needs, but little effort has been made, through studies, to pin-point areas of need.

The East Bay Rehabilitation Center has served 271 persons over age 62 and spent approximately $5,000 from its Rehabilitation Patients Fund to assist many of the older age group on limited income and insurance to receive continued physical therapy, and some of the disabled to receive treatment from the therapist visiting the home. But this facility and its invaluable assistance to older people is not utilized adequately, due at least in part to lack of public information.

A serious obstacle to good health care, regardless of income, is the lack of a broad spectrum of community services aimed at providing care at home and continuity of care. Some services are available in limited degree; some are altogether absent.

For example, much needs to be known about the quality and cost of nursing home care in Berkeley. The number of nursing homes has remained constant since the 1960 report, with the bed capacity increasing from 227 to 260. This has resulted from marginal homes going out of business while a tremendous growth has occurred in new nursing homes' construction, with increased bed capacity. We know that a limited nursing and nutrition consultation to nursing homes is being offered by the City Health Department but little is documented as to the degree to which patients are encouraged to use modern rehabilitation techniques, for example.

Public funds for a non-profit demonstration nursing home are not available. Feasibility for other means of financing and supporting such a home should be explored.

Not mentioned in the 1960 report are the thirty ambulatory-aged boarding homes, with a capacity of 219 beds. Quality of care and service varies widely. More information about these facilities is needed.

Home Care Program

There are no community services or facilities which permit an elderly person who is sick part of the time to remain in his normal environment as much as possible. A coordinated home care program or housing facilities for the elderly that include infirmary services could provide for such arrangements

Visiting nurse services are available to residents regardless of their source of medical care. Although service is available to people of all ages, the majority of patients are over age 65. Expansion of visiting nurse service would require more financial support from the community. Some increase has been noted in the number of prepaid health insurance plans which include nursing care in the home for older persons, but these are beyond the means of many.

A Home Health Aide program instituted in 1963 and directed by the Oakland Visiting Nurse Association provides part-time services in the home for families and/or individuals in time of crisis and emotional stress. The duties of the aides include personal service, light house-cleaning, cooking and shopping. The charge for this service is $2 per hour, plus 75¢ per day service charge, but fees can be adjusted for lower incomes. In 1963 Home Health Aide services were provided for 44 cases in Berkeley, of which approximately half were persons over age 65. It is doubtful that this covers the needs of Berkeley's older people, and an evaluation of the total needs for this service is needed.

The strengthened Social Service Department at Herrick Hospital has given considerable assistance to the hospitalized senior citizen and his family in planning the return home and arranging for assistance from other community agencies, such as Visiting Nurse Association and Home Health Aide Service. However, these services are available in the East Bay only to patients at Herrick, Kaiser, and the county hospitals. They are not generally available to persons in other hospitals, in nursing homes, or under a physician's care in their own homes.

Because health is a total phenomenon, we cannot separate health from the way people live. Therefore, deficiencies covered in other sections dealing with income, housing, lack of opportunity for work and desirable recreation all affect health, both physical and mental.

INCOME, EMPLOYMENT AND HOUSING

Income

Last December and January the Subcommittee on Employment and Retirement Incomes of the Senate Special Committee on Aging held hearings in several cities, including San Francisco. As in previous similar hearings, elderly persons testifying made a strong plea for the opportunity to work and to earn an adequate income. They did not want to look to government on any level for help in maintaining a decent standard of living.

In California in 1963, 63% of all elderly households (of one or more persons) had estimated incomes of less than $2,000 --44% had incomes below $1,000. (Sources: Governor's Advisory Committee on Aging, Governor's Advisory Commission on Housing Problems, etc.).

In March, 1964, there were 1,363 persons in Berkeley receiving Old Age Assistance from County Welfare. Average amount was $86.15. The average Social Security Benefit is $74.00 per month, which may be implemented by County Welfare if recipient qualifies.

Employment Opportunities Less Favorable

Such opportunities are less favorable today than in 1960 because of the increasingly serious problem of unemployment among younger age groups. As pointed out in the 1960 Report, University students fill many of the odd-job, part-time work usually available to retirees.

Figures which speak for themselves come from the Old Worker Specialist in Berkeley State Employment Office. In November, 1963, 49 women and 116 men over 65 came to the Department seeking employment--one man and one woman were placed. In May, 1963, 70 women and 74 men applied--one man was placed.

In 1960 the Old Worker Specialist spent full time working with the elderly and had some success in placing men with professional backgrounds, but he now says, "I am seven kinds of specialist, working in that many categories."

It is obvious that re-employment opportunities for the elderly in Berkeley are at present extremely limited. Yet other cities, by focusing attention on this problem through Committees on Aging and other agencies, have found ways to help older persons get part-time work.

Housing

Adequate Housing = Better Health, Less Dependency

It is universally recognized today that housing for the elderly, more than for any other group, is much more than mere shelter. Our life span continues to increase. Already the 90-year-old is no longer a rarity. Naturally, extreme old age brings greater incidence of chronic illness, of decreasing mobility and the need for more services. Thus proper housing, together with such comparatively inexpensive programs as homemaker service, visiting nurses, home care and therapy following illness, can add years of independent living to the lives of many elderly, who would otherwise be forced to enter nursing homes. It is certainly more economical to help people maintain their strength, their mental health, their usefulness to self, family and community than to permit them to drift into mental and physical conditions that bring about dependence and ultimately expense to the taxpayer.

The experience in public housing and other housing projects for the elderly where the services mentioned above are provided, bears out these claims. The most heart-warming thing about Strawberry Creek Lodge, for instance, is the response of the residents: the security they express in knowing that they are no longer isolated but are surrounded by friendly peers; that in case of illness help is always immediately available. We know of one old-time and well-known Berkeleyan over 90 years of age who was about to

enter a nursing home when the Lodge was completed, and who now finds self-maintenance possible in an environment planned for the elderly.

Recent Studies

Since the report of August, 1960, two studies in depth have been made of housing conditions in California: in 1961 a research report, Housing for the Elderly in California, by Wallace F. Smith of University of California, and Report on Housing in California, by the Governor's Advisory Commission on Housing Problems, January, 1963. Both cite statistics and other facts indicating that housing is a very serious problem to many elderly in California.

This is in accord with the conclusions of the Alameda County Committee on Aging's Housing Sub-Committee quoted in the report of the Berkeley Committee on Aging in 1960. The County report has been in no way implemented, because private builders--and many have studied the plans included--felt they could not build at a reasonable profit.

During this period Oakland has built a 100-unit Public Housing Project for the elderly, with rentals starting at $32 per month. Berkeley has completed Strawberry Creek Lodge, with 151 units, with a Federal direct loan. However, the Lodge is moderate-income housing and many of the low-income elderly in mind when the project was first conceived, cannot afford to live there. The rents, while moderate according to today's standards, are too high for our low-income elderly, ranging from $64.50 for the smallest studio apartment to $110 for the one-bedroom apartment.

There is now a waiting list of more than 180 qualified applicants for Strawberry Creek Lodge, at least two-thirds of them for the 58 apartments which rent from $64.50 to $69.50. Many others who have applied are not eligible because their incomes are too low (incomes must be at least twice the rental). Nor is there any way of knowing how many persons do not even file applications because they know they can't afford the rent together with their other expenses. We do know that at least ten residents have had their rental allowance increased by the Alameda County Welfare Department to enable them to qualify and six others are receiving subsidies from a special fund.

We know also that about 20% of the residents of downtown Berkeley are elderly, many of them living in third-rate hotels. In a recent survey of hotels near the downtown area, in one of them 34 elderly roomers--mostly women--occupied small, shabby accommodations with no private or shared cooking facilities. Several rooms had washbasins; only one visited had a private bath. For this room the tenant paid $82.50 per month. Others who shared bathing facilities paid $52.50.

In September, 1961, the Alameda County Council of Social Planning, with the cooperation of the Welfare Department, studied housing conditions of 11,566 recipients of Old Age assistance, eliminating from the study some 1,500 residing in institutions. They found that in Berkeley and Albany (statistics are combined) such Welfare recipients totaled 1,275. Of these 242 owned mortgage clear homes, 67 had mortgages, 722 rented, and 244 had other living arrangements, with friends and relatives in hotels and rooming

houses.

It was found that of the 1,275 studied, 404 buildings could be considered suitable housing; 540 had one serious drawback, 297 had two such defects and 34 had three or more.

To sum up, in housing, as in other matters discussed here, the situation was not good in 1960 and we must conclude that very little has been done to help Berkeley's low-income elderly find suitable, safe housing at prices they can afford. The building of the last years, we all know, has been in the luxury and middle income category.

LEISURE TIME ACTIVITIES

"The investment we have made in improving the health and prolonging the life expectancy of the elderly has not been balanced by the necessary commensurate consideration for...the role they are to play in our society. Nowhere is this more apparent than in the provisions that have been made for recreation and leisure time activity of older people...Being a contributing member of the community are medical and psychological necessities for the elderly." -California State Subcommittee on Housing and Recreation Needs for Elderly Citizens, 1961.

Community Service:

Berkeley, we feel, is uniquely wealthy in the number of retired people with backgrounds of experience and talents that, if fully utilized, could enrich the lives of other elderly and of the entire community.

Education

Most of our elderly will not participate in evening activities which necessitate walking and traveling on poorly lighted streets; many find the steps at McKinley Day School difficult to manage. Daytime classes in nearby schools or other convenient facilities would enable many more to enjoy the varied programs offered by adult education.

Recreation

Berkeley now has three Senior Citizen programs sponsored by the Recreation Department, which provide facilities and limited staffing; approximately half-time of one specialized staff person for coordination and approximately one-half time Recreation Leader. Day-time use of facilities ends at 3:30 to permit school-age use.

At best the existing programs answerthe recreational and social needs of several hundred of our elderly. Several churches also offer senior programs and, of course, many elderly are active in service clubs and in other

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organizations. But there are obviously wide gaps in facilities and programs for our elderly population--these should be made available in several other parts of the City, such as southeast and south and west Berkeley. Grove Street Center is used occasionally on Wednesday afternoons by rest home operators and their residents. Some staff assistance is available in crafts and there is an adult education teacher for simple music program. The Adult Physically Handicapped Group which meets at Live Oak on Thursdays and includes a number of elderly, should receive more support so that the program could be expanded.

The importance of a staffed permanent Center, devoted to the recreational social, nutritional, referral and counseling needs of the elderly is manifest. Committees on aging, dedicated to furthering the well-being of our elderly, assured of at least a minimum budget and professional staff, have been very effective in other communities and such a committee can be equally so in Berkeley.